Texas Administrative Code
Title 25,
Part 1, Chapter 157,
Subchapter G,
RULE §157.125(t)

Requirements for Trauma Facility Designation
Basic Trauma Facility Criteria

Legend: (Proposed Amendments)

Single Underline = Proposed new language
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Figure 2: 25 TAC §157.125(t)

BASIC TEXAS TRAUMA FACILITY CRITERIA

Basic Trauma Facility (Level IV) - provides resuscitation, stabilization, and arranges for appropriate transfer of major and severe trauma patients to a higher level trauma facility when medically necessary; provides ongoing educational opportunities in trauma related topics for health care professionals and the public, and implements targeted injury prevention programs (see attached standards). The administrative commitment of a Level IV trauma facility includes developing processes that define the trauma patient population evaluated by the facility and track them throughout the course of their stay in order to maximize funding opportunities.

1. Emergency Room\Emergency Department (ED)	E
a. Personnel	
Designated **[physician]** trauma medical director who is charged with overall management of trauma services provided by the hospital. The TMD shall be credentialed by the hospital to participate in the resuscitation and treatment of trauma patients using criteria to include such things as board-certification/board-eligibility, trauma continuing medical education, compliance with trauma protocols, and participation in the trauma performance improvement program. The TMD shall be currently credentialed in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the Department of State Health Services (DSHS). The TMD should participate in the development of the regional trauma system plan. The TMD or designee should participate on the hospital emergency management (disaster) response committee.. There shall be a defined job description and organization chart delineating the TMD's role and responsibilities.	E
2) A minimum of one and preferably two registered nurses who have trauma nursing training will participate in initial major trauma resuscitations	**[D]** E
b. Written protocols, developed with approval by the hospital's medical staff, for:	

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1) Trauma team activation 2) Identification of trauma team responsibilities during a resuscitation 3) Resuscitation and Treatment 4) Admission and transfer	E E E E
c. A written plan, developed by the hospital, for acquisition of additional staff on a 24 hour basis to support units with increased patient acuity, multiple emergency procedures and admissions (i.e. written disaster plan)	E
d. Equipment and services for the evaluation and resuscitation of, and to provide life support for, **[the]** critically or seriously injured patients of all ages shall include but not be limited to:	
1) Airway control and ventilation equipment including laryngoscope and endotracheal tubes of all sizes, bag-valve-mask **[resuscitator]** devices (BVMs), pocket masks, and oxygen.	E
2) Mechanical ventilator	D
3) Suction devices	E
4) Electrocardiograph - oscilloscope - defibrillator	E
5) Apparatus to establish central venous pressure monitoring equipment	D
6) All standard intravenous fluids and administration devices, including large-bore intravenous catheters and a rapid **[infusion devices]** infuser system	E
7) Sterile surgical sets for procedures standard for the emergency room, such as thoracostomy, **[venesection]** venous cutdown, central line insertion, thoracotomy, diagnostic peritoneal lavage, airway control\cricothyrotomy, etc.	E
8) Gastric lavage equipment	E
9) Stabilization devices for cervical injuries	E
10) **[Stabilization devices for long bones]** Long bone/ pelvic stabilization device	E
[K)] 11) Thermal control equipment **[a)]** for patients and **[b)]**a rapid warming device for blood and fluids	E
12) Non-invasive continuous blood pressure monitoring device	E
13) Transcutaneous oximeter	E
14) Length-based body weight & tracheal tube size evaluation system (such as Broselow tape) and resuscitation medications that are dose-appropriate for all ages	E
15) Qualitative end tidal CO_2 monitor	E
e. Other	
1) Radiological Services	

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a) Technician on call and promptly available within thirty minutes of request. The performance improvement program will continuously monitor this system.	E
b) 24-hour coverage by in-house technician.	D
c) Computerized tomography. When available, there shall be a technician call-back process for trauma activations and the performance improvement program will continuously monitor this system.	D
2) Clinical Laboratory Services (available 24 hours per day)	
a) Standard analyses of blood, urine and other body fluids	E
b) Blood typing and cross-matching	D
c) Capability**[to give uncrossmatched blood]** for immediate release of blood for a transfusion and a protocol to obtain additional blood supply.	E
d) Blood gases and pH determinations	E
e) Drug and alcohol screening - toxicology screens need not be immediately available but are desirable (if available, this capability should be monitored in the performance improvement program)	D
3) Two-way communication with pre-hospital emergency medical services vehicles	E
2. Physician Services	
a. On-call and promptly available within 30 minutes of request from inside or outside the hospital:	
1) Anesthesiology - requirements may be fulfilled by a member of the anesthesia care team credentialed in assessing emergent situations in trauma patients and providing any indicated treatment	D
2) Emergency Medicine - this requirement may be fulfilled by a physician credentialed by the hospital to provide emergency medical services	E
[a) At least one staff physician is credentialed in ATLS or an equivalent course by the Texas Department of Health (TDH) at the time of designation.]	**[E]**
[b) Any physician who is providing this coverage should be currently credentialed in ATLS or an equivalent course approved by the TDH at the time of re-designation. A board certified emergency physician is exempt from this requirement if the physician participates in the care of at least 10 major or severe trauma patients in the previous 12 month period or completes an ATLS-equivalent number of trauma continuing medical education hours] a) Any Emergency Medicine board-certified physician who is providing trauma coverage shall have successfully completed an ATLS Student Course or a DSHS-approved ATLS equivalent course.	E

b) Current ATLS verification is required for all physicians who work in the emergency department and are not board certified in Emergency Medicine. c) Any emergency physician who is providing **[this]** trauma coverage shall be credentialed by [the hospital] the TMD to participate in the resuscitation and treatment of trauma patients of all ages to include requirements such as current board certification/eligibility**,** an average of 9 hours of trauma-related continuing medical education per year**,** compliance with trauma protocols, and participation in the trauma performance improvement program. d) An emergency physician representative that provides trauma coverage to the facility will attend greater than 50% of multidisciplinary and peer review trauma committee meetings.	
c) The physician on duty or on-call to the emergency department must be activated on EMS **[assessment]** communication with the ED or after a primary assessment of patients who arrive to the Emergency Department by private vehicle for the severe or major trauma patient. Response time should not exceed thirty minutes **[of patient arrival]** from notification (this criterion should be monitored in the performance improvement program). *Neither a hospital's telemedical capabilities nor the physical presence of physician assistants (PAs) or clinical nurse specialists\nurse practitioners (CNSs\NPs) will satisfy this requirement. Additionally, PAs\NPs and telemedicine-support physicians who participate in the care of major\severe trauma patients shall be credentialed by the hospital to participate in the resuscitation and treatment of said trauma patients, to include requirements such as board certification\eligibility, an average of 9 hours of trauma-related continuing medical education per year**,** compliance with trauma protocols, and participation in the trauma performance improvement program.	E*
3) Primary Care Physician - should be notified at an appropriate time	D
4) Radiology	D
b. Physician on-call schedule must be published	E
3. Nursing Services	
An identified Trauma Nurse Coordinator/Trauma Program Manager (TNC\TPM), who is a registered nurse, with overall management responsibility for the trauma program care from ED admission through operative intervention(s), ICU care, stabilization, rehabilitation care, and discharge and who has successfully completed TNCC or ATCN and a nationally recognized pediatric advanced life support course (e.g., ENPC or PALS); and has the authority and responsibility to monitor all aspects of trauma patient care, including the trauma process improvement program.	E

The TNC\TPM should complete a course designed for his\her role which provides essential information on the structure, process, organization and administrative responsibilities of a PI program to include a trauma outcomes and performance improvement course. The TNC\TPM should participate in the hospital, community, and regional emergency management (disaster) response committee. There should be a defined job description and organizational chart delineating the Trauma Nurse Coordinator's\Trauma Program Manager's role and responsibilities. **[The functions of trauma coordination may be delegated to other positions within the organization.]**	
b. Trauma Registrar An identified Trauma Registrar who has appropriate training ((such as the Association for the Advancement of Automotive Medicine (AAAM) course)) in injury severity scaling. Typically, one full-time equivalent (FTE) employee dedicated to the registry will be required to process approximately 500 to 1,000 patients annually.	D
c. Written standards on nursing care for trauma patients in all areas of the trauma facility are to be documented	E
d. All nurses caring for trauma patients have documented knowledge and skill in trauma nursing to include pediatric and burn patients (i.e. trauma specific orientation, skills **[checklist]** clinical competencies, continuing education, etc.)	E
e. At least one member of the registered nursing staff has successfully completed an Advanced Cardiac Life Support (ACLS) course, or hospital equivalent, a nationally recognized pediatric advanced life support course [i.e. Pediatric Advanced Life Support (PALS) or the Emergency Nurse Pediatric Course], and the Trauma Nurse Core Course (TNCC) or DSHS-approved equivalents within 12-18 months of the date of designation.	E
1) At least one of the nurses serving on the Trauma Team must have successfully completed the TNCC or **[an equivalent TDH approved course]** a DSHS-approved equivalent course by **[re-]** designation.	E
2) Nurses who participate in staffing of the emergency room should have successfully completed ACLS, or equivalent, a pediatric advanced life support course, and the TNCC within 12-18 months of employment or the date of designation.	D
f. 50% of nurses caring for trauma patients should be certified in their area of specialty (i.e. CEN, CCRN, CNRN, etc.)	D
4. Performance Improvement	
a. An organized performance improvement program established by the hospital, to include a pediatric-specific component and trauma audit filters (see attached standard audit filters list)	E
1) Systematic documentation of trauma care which meets state trauma registry guidelines	E

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2) Audit of trauma charts for appropriateness and quality of care	E
3) **[Morbidity and mortality review, to include]** Special audit for all trauma deaths and other specified cases, including complications, utilizing age-specific criteria.	E
4) Multidisciplinary trauma conferences for performance improvement activities, continuing education and problem solving to include documented nursing and pre-hospital participation	D
b. Trauma registry - data will be forwarded to the state trauma registry on at least a quarterly basis	E
5. Regional Trauma System Hospital must participate in the regional trauma system per Regional Advisory Council (RAC) requirements	E
6. Transfers	
a. **[Written transfer agreements]** A system/process to expedite the transfer of major and severe trauma patients to include such things as written protocols, written transfer agreements, and a regional trauma system transfer plan for patients needing higher level of care**[,]** or specialty**[, care]** services (i.e. surgery, burns, etc.)	E
b. A system for establishing an appropriate landing zone in close proximity to the hospital (if rotor wing services are available).	E
7. Public Education /Injury Prevention A program to address the major injury problems within the hospital's service area. Documented participation in a RAC public education program is acceptable.	E
8. Training Programs Formal training programs in trauma continuing education will be made available by the hospital to physicians, nurses and allied health personnel based on needs identified from the performance improvement program	E